

Questions for Existing Hospital Diversion Bed Programs – **HCRS -ALTERNATIVES**

Do you take only CRT admissions?

No

What percentage of admissions are CRT?

90%

Do you accept admissions for both diversion from a hospitalization and / or as a step-down from a hospital placement?

Yes

What are the most significant elements of your programs that enables you to divert people from hospital admissions?

Awake staff, psychiatric consultation, coordinated planned admissions, flexibility, homelike atmosphere, nurse oversight, proper nutrition, experienced and dedicated staff.

What are the most significant elements of your programs that enables you to shorten individuals lengths of hospital stays by providing a step-down placement?

Help with discharge planning and medication management, familiarity with clients plus all the above.

What are the most significant barriers to diverting a individual from a hospitalization?

Availability of beds plus a few clients prefer hospital. More Dr. coverage might make us able to take more acute clients.

What are the most significant barriers to decreasing a hospital length of stay by stepping a individual down to a crisis bed?

Same as above plus reluctance of hospitals to fully utilize our beds.

What is the optimal number of clients you would want in a crisis facility?

4-6

What is the optimal ratio of staff to clients at a crisis facility?

1-2

How much Dr. coverage is necessary in your opinion to run a crisis facility?

5 hours on premises plus consultation as needed

How much nursing coverage is necessary in your opinion to run a crisis facility?

We have 2 full time nurses on staff and that seems to work well.

Besides care rate funding, what other sources of income does your crisis bed generate?

Medicare + some private insuranc

Have you approached all private payors?

Yes

Do you have explicit entrance criteria? If yes, what is it?

Need determined thru phone questionnaire and then treatment planning driven by client interview plus brief screening form completed by referrer.

Do you have explicit discharge criteria? If yes what is it?

Individulized discharge planning done with treatment teams.

Do you accept out of county referrals?

Yes

What percentage of admissions are from out of county?

1%

If there was a payment mechanism would you consider taking individuals who presently are being incappeded?

Probably not,

Why / Why not?

Not enough Psych and Nursing coverage or trained staff.

If you could give one piece of advice to implementing a successful crisis bed program what would it be?

“Don’t Panic” – Experienced leader and team is the key.

How many individuals could you accept at present who don’t want to go to your crisis facility?

1 or 2 a week

Do you ever need to turn away admissions because you are full? If so, how often?

Yes – Probably 6 a month